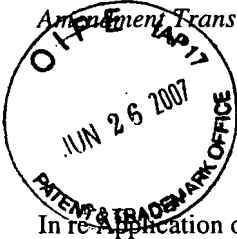


REFERENCE & ASSOCIATES LLC

Amendment Transmittal

Atty. Docket No. JP919980098
(590.051)



IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re: Application of : Koichi Kamijo et al.
Serial No. : 09/763,988 Examiner : Y.Y. Lee
Filed : July 5, 2001 Art Unit : 2613
For : SYSTEM AND METHOD FOR EMBEDDING ADDITIONAL
INFORMATION IN VIDEO DATA

Mail Stop AF
HON. COMMISSIONER FOR PATENTS
P.O. Box 1450
Alexandria VA 22313-1450

Sir:

Transmitted herewith is an Amendment in the above-identified application.

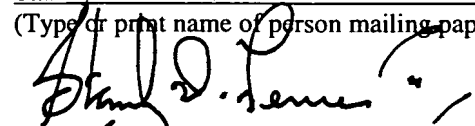
1. ☒ Applicant requests an extension of time to respond to the outstanding Office Action. A Petition for an extension of time is enclosed.
- OR
2. ☒ In the event that an extension of time is required, this conditional petition is being made to provide for the possibility that applicant has inadvertently overlooked the need for a petition and fee for extension of time.
3. ☐ Small Entity status of this application has been established by a verified statement previously submitted.
4. ☐ A verified statement to establish Small Entity status is enclosed.

CERTIFICATE OF MAILING UNDER 37 CFR § 1.8(a)

I hereby certify that this correspondence and any documents referred to as enclosed therewith are being deposited with the United States Postal Service as first class mail, addressed to the Commissioner for Patents, P.O. Box 1450, Alexandria, Virginia 22313-1450 on June 18, 2007.

Stanley D. Ference III

(Type or print name of person mailing paper or fee)


(Signature of person mailing paper or fee)

FERENCE & ASSOCIATES LLC
Amendment Transmittal

Atty. Docket No. JP919980098
(590.051)

5. ☐ Also enclosed: _____
6. ☒ No additional filing fee is required.
7. ☒ The filing fee has been calculated as shown below:

	Claims Remaining After Amendment (Col. 1)	-	Highest No. Prev. paid for (Col. 2)	=	Present Extra (Col. 3)	x	SMALL ENTITY			x	OTHER THAN A SMALL ENTITY	
							RATE	FEE			RATE	FEE
Total	10	-	** 37	=	* 0	x	\$25	=	O	x	\$50	= 0
Claims									R			
Ind.	2	-	*** 11	=	* 0	x	\$100	=	O	x	\$200	= 0
Claims									R			
<input type="checkbox"/> Multiple Dependent Claim Presented						+	\$180	=	O	+	\$360	=
									R			
							TOTAL	= \$	O		TOTAL	= \$0
									R			

* If the entry in Col. 1 is less than the entry in Col. 2, write "0" in Col. 3.

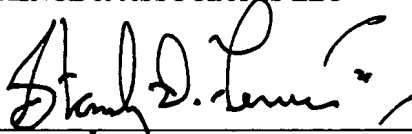
** If the "Highest No. Prev. paid for" in this space is less than 20, write "20" in this space

*** If the "Highest No. Prev. paid for" in this space is less than 3, write "3" in this space.

8. ☐ Applicant encloses herewith a check for \$_____ to cover the filing fee.
9. ☐ The Commissioner is hereby authorized to charge the \$_____ filing fee to Deposit Account No. 50-0510.
10. ☒ The Commissioner is hereby authorized to charge payment of any additional filing fees associated with this communication or credit any overpayment to Deposit Account No. 50-0510.

Respectfully submitted,

FERENCE & ASSOCIATES LLC

By 

Stanley D. Ference III
Reg. No. 33,879

Dated: June 18, 2007

Mailing Address:

Customer No. 35195
FERENCE & ASSOCIATES LLC
409 Broad Street
Pittsburgh, Pennsylvania 15143
(412) 741-8400
(412) 741-9292 - Facsimile